

Change of Ownership

Services to be transferred

Please provide the full ser	rvice reference	e/number for eac	h service to be trans	sferre	ed.
				1	
				7	
				_	
Current owner				_	
You must be the legal Les sign and approve this cha			d Representative as	liste	ed on your Comsource account, to
Account Number					
Business Name					
Individual Name					
ACN/ABN					
D.O.B					
Email					
I hereby authorise	e the above se	rvice(s) to be trai	nsferred to the belo	w me	entioned party
Signature					
Date					



New owner

Business Name	
Individual Name	
ACN/ABN	
D.O.B	
Phone	
Email	
Business Mailing Address	

As the new account holder, I understand that I am liable for all costs from the date in which change, or ownership has completed.

Signature	
Date	

When completed this form can be emailed to support@comsource.com.au or faxed to 1300 882 961.